



10-06-08

Express Mail No. EM170658790US

Attorney's Reference: MICROM19.D07

I file the Application of: Hubert EUVRARD, ET AL.

Application No.: 10/542,451

Filed: July 15, 2005

For: IMPROVEMENT TO DENTAL POWER INSTRUMENTS, SUCH AS  
ENDODONTIC INSTRUMENTS, AND CONTRA-ANGLE HANDPIECEMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.  
[X] An Information Disclosure Statement is enclosed. Also enclosed is the fee (\$180.00) for filing an Information Disclosure Statement under 37 C.F.R. §1.17(p).  
[X] No additional fee for claims is required.

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR
TOTAL	6	MINUS	20 = 0	x 25 = \$
INDEPENDENT	1	MINUS	3 = 0	x 105 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+ 185 = \$	+ 370 = \$
			TOTAL = \$	OR TOTAL = \$

- [X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

- [X] first - \$ 60.00  
[ ] second - \$230.00  
[ ] third - \$525.00  
[ ] fourth - \$820.00

month after time period set

- [ ] Please charge my Deposit Account No. 03-2405 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is attached.

- [X] A check in the amount of \$ 240.00 is attached.

- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405. A duplicate copy of this sheet is attached.

- [X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

- [X] Any patent application processing fees under 37 C.F.R. §1.17.

10/06/2008 CCHAU1 00000023 032405 10542451

02 FC:2251 5.00 DA 60.00 DP

October 3, 2008  
(date)

GARY M. COHEN, ESQ.  
Reg. No. 28,834  
Attorney for Applicants  
Telephone: (610) 975-4430



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CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR ADDITIONAL FEE
TOTAL	6	MINUS 20 =	0 x 25 = \$	x 50 = \$
INDEPENDENT	1	MINUS 3 =	0 x 105 = \$	x 210 = \$
<u>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</u>				+ 370 = \$
TOTAL = \$				OR TOTAL = \$

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